



AP/ IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Roberto Bez and Alessandro Grossi  
Title: PROCESS FOR SELF-ALIGNED MANUFACTURE OF INTEGRATED ELECTRONIC DEVICES  
Serial No.: 10/713,538  
Filing Date: November 14, 2003  
Examiner/Unit: Bradley Smith / 2829  
Attorney Docket No.: 2110-062-03

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 3<sup>rd</sup> day of January, 2007.

Signature

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

\_\_\_ The fee has been calculated as shown below:

XX No additional claim fee is required.

Computation of Fee  
For Claims as Amended

|  | <u>Claims<br/>Remaining<br/>After<br/>Amendment</u> |       | <u>Highest<br/>Number<br/>Previously<br/>Paid for</u> |  | <u>Present<br/>Extra</u> |  | <u>Rate</u>   |  | <u>Addl.<br/>Fee</u> |
|--|---|-------|---|--|--------------------------|--|---------------|--|----------------------|
| Total<br>Claims                            |   | Minus | 48 =  |  | 0 x                      |  | \$50/\$25 =   |  | \$                   |
| Independent<br>Claims                      |   | Minus | 6 =   |  | 0 x                      |  | \$200/\$100 = |  | \$                   |
| Total additional fee for<br>this amendment |   |       |   |  |                          |  |               |  | \$                   |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

\_\_\_\_\_ Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the additional claim fee is enclosed.

XX A Request for Extension of Time for two months with Check No. 27099 for \$450 are enclosed.

\_\_\_\_\_ Charge \$ \_\_\_\_\_ to Deposit Account No. \_\_\_\_\_. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

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